

**EXECUTIVE DOCUMENT SUMMARY**

State Form 41221 (R10/4-06)

Instructions for completing the EDS and the Contract process.

1. Please read the guidelines on the back of this form.
2. Please type all information.
3. Check all boxes that apply.
4. For amendments / renewals, attach original contract.
5. Attach additional pages if necessary.

1. EDS Number: F1-6-49-16-1P-1181		2. Date prepared: 10/22/2015	
<b>3. CONTRACTS &amp; LEASES</b>			
<input type="checkbox"/> Professional/Personal Services		<input type="checkbox"/> Contract for procured Services	
<input type="checkbox"/> Grant		<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Lease		<input type="checkbox"/> License Agreement	
<input type="checkbox"/> Attorney		<input type="checkbox"/> Amendment#	
<input checked="" type="checkbox"/> MOU		<input type="checkbox"/> Renewal #	
<input type="checkbox"/> QPA		<input type="checkbox"/> Other	
<b>FISCAL INFORMATION</b>			
4. Account Number: 82130-F5040.580134		5. Account Name: FSSA DHHS Fund	
6. Total amount this action: \$8,369,782.40		7. New contract total: 8,369,782.40	
8. Revenue generated this action: \$0.00		9. Revenue generated total contract: \$0.00	
10. New total amount for each fiscal year:			
Year 2016		\$4,451,188.40	
Year 2017		\$3,309,891.20	
Year 2018		\$608,722.80	
Year		\$	
<b>TIME PERIOD COVERED IN THIS EDS</b>			
11. From (month, day, year): 10/1/2015		12. To (month, day, year): 9/30/2017	
13. Method of source selection:			
<input type="checkbox"/> Bid/Quotation		<input type="checkbox"/> Emergency	
<input type="checkbox"/> RFP#		<input type="checkbox"/> Special Procurement	
<input checked="" type="checkbox"/> Other (specify)		MOU	
14. Name of agency: Family & Social Svcs Admin			
15. Requisition Number:			
16. Address: FSSA, Contract Management 402 W WASHINGTON ST RM W353 INDIANAPOLIS, IN 46204			
<b>AGENCY CONTACT INFORMATION</b>			
17. Name: Greg Stenger		18. Telephone #: 317/234-0564	
19. E-mail address: gregory.stenger@fssa.in.gov			
<b>COURIER INFORMATION</b>			
20. Name: FSSA/Command		21. Telephone #: 317-233-4703	
22. E-mail address: contract.status@fssa.in.gov			
<b>VENDOR INFORMATION</b>			
23. Vendor ID # 0000022460			
24. Name: STATE OF INDIANA		25. Telephone #: 317-233-7087	
26. Address: INDIANA DEPARTMENT OF HEALTH 2 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204			
27. E-mail address: rohauhan1@isdh.in.gov			
28. Is the vendor registered with the Secretary of State? (Out of State Corporations, must be registered) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
29. Primary Vendor: M/WBE/IN-Veteran		30. Primary Vendor Percentages	
Minority: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		100.0 %	
Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
IN-Veteran: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
31. Sub Vendor: M/WBE/IN-Veteran		32. If yes, list the %:	
Minority: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Minority: %	
Women: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Women: %	
IN-Veteran: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		IN-Veteran: %	
33. Is there Renewal Language in		34. Is there a "Termination for Convenience" clause in the document?	
X Yes No		X Yes No	
35. Will the attached document involve data processing or telecommunications system Yes: IOT or Delegate has signed off on contract			
36. Statutory Authority (Cite applicable Indiana or Federal Codes): 42 USC 601 ET. SEQ., IC 12-13			
37. Description of work and justification for spending money. (Please give a brief description of the scope of work included in this agreement.) This MOU directs funding for family planning, pregnancy prevention & support services to the Indiana State Department of Health. ISDH has the expertise to arrange for the provision of these services in the most effective manner.			
38. Justification of vendor selection and determination of price reasonableness: 100% Federal funding from the TANF block grant. P.L. 104-193			
39. If this contract is submitted late, please explain why. (Required if more than 30 days late.)			
40. Agency fiscal officer or representative approval		41. Date Approved 10/23/2015	
44. Attorney General's Office approval		45. Date Approved	
		46. Agency representative receiving from AG	
		47. Date Approved	
		43. Date Approved 11-2-15	

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**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION  
DIVISION OF FAMILY SERVICES  
AND  
INDIANA STATE DEPARTMENT OF HEALTH  
EDS NUMBER: F1-6-49-16-1P-1181**

This Memorandum of Understanding (MOU) is entered into by and between **Indiana Family and Social Services Administration, Division of Family Resources (DFR)** and the **Indiana State Department of Health (ISDH)**, and is executed pursuant to the terms and conditions set forth herein. In consideration of the mutual undertakings and covenants, the parties agree as follows:

**1. Purpose.**

The purpose of this MOU is to provide funding to ISDH that will enable ISDH to provide a sub-grant to the Indiana Family Health Council (IFHC) so that IFHC may operate the Indiana Family Planning Partnership Program. These duties are detailed in **Attachment B** which is attached hereto and incorporated herein.

This MOU will also provide funding to ISDH so that ISDH can enter into a one-year contract with Real Alternatives, Inc. which provides comprehensive pregnancy support services to low income women. These duties are detailed in **Attachment C** which is attached hereto and incorporated herein.

Funding for this agreement is provided by Temporary Assistance for Needy Families ("TANF"), 42 U.S.C. §601 et seq., administered by the Family and Social Services Administration, Division of Family Resources ("DFR") with funds appropriated by the Indiana General Assembly, pursuant to Indiana Code, including I.C. 12-13.

**2. Term.**

This MOU shall be effective for a period of 2 years. It shall commence on **October 1, 2015** and shall remain in effect through **September 30, 2017**.

**3. Consideration.**

Total remuneration of this MOU shall not exceed **\$8,369,782.40** as detailed in **Attachment A** which is attached hereto and incorporated herein. Of this amount, \$4,869,782.40 is allotted to IFHC services and \$3,500,000.00 is allotted to Real Alternatives services. The funding for Real Alternatives is available from October 1, 2015 through September 30, 2016. DFR agrees to reimburse for allowable administrative costs incurred in conducting the activities pursuant to this MOU in an amount up to, but not to exceed, 10% of the total funding.

**4. Disputes.**

If any dispute arises with respect to this MOU, the parties agree to act immediately to resolve the dispute. If the parties to a dispute cannot resolve the dispute within ten (10) working days following notification in writing by either party of the existence of a dispute, then the following procedure shall apply: The parties agree to resolve such matters through submission of their dispute to either the Director of DFR, or the Commissioner of ISDH. The Director / Commissioner shall produce a decision in writing and furnish a copy thereof to the parties in dispute. Any dispute arising hereunder that cannot be resolved by the Director of DFR and the Commissioner of ISDH, or their designee, shall be promptly submitted to the Secretary of the Indiana Family and Social Services Administration for final resolution.

**5. Funding Cancellation.**

When the Director of the State Budget Agency (SBA) makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this MOU, the MOU shall be canceled. A determination by the Director of the SBA that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

**6. Modification of Agreement.**

The terms and provisions of the MOU may be modified only through a written agreement, executed by the parties and approved as required by the State of Indiana.

**7. Notice to Parties.**

Whenever any notice, statement or other correspondence is required under this MOU, it shall be sent to the following addresses, unless otherwise specifically advised:

**A. Notices to FSSA/ DFR shall be sent to:**

**Dave Smalley, Deputy Director  
402 W. Washington St. MS-03, Rm. W392  
Indianapolis, IN 46204**

**B. Notices to ISDH shall be sent to:**

**Art Logsdon, Assistant Commissioner, Health and Human Services Commission  
Indiana State Department of Health  
2 N. Meridian St.  
Indianapolis, IN 46204**

**8. Records and Inspection.**

Each party shall maintain books, records and documents relative to this MOU. Either party shall upon the request of the other, provide all audits, monitoring reports documentation, and records related to the administration of funds under this MOU.

**9. Renewal.**

This MOU may be renewed under the same terms and conditions, subject to the approval of the State Budget Director in compliance with IC 5-22-17-4. The term of the renewed MOU may not be longer than two (2) years.

**10. Termination or Suspension.**

This MOU may be terminated or suspended by either party if the other party has failed to comply with the terms of this MOU, or for any reason if such termination is in the best interest of the terminating agency, upon thirty (30) days written notice. The notice of termination or suspension shall state the reasons for termination or suspension. Regardless of the reason for termination or suspension, the parties will be compensated for services properly rendered prior to suspension or termination of this MOU.

**THE REMAINDER OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK.**

In Witness Whereof, The Indiana Family and Social Services Administration, Division of Family Resources and the Indiana State Department of Health by their duly authorized representatives, entered into this MOU. The parties, having read and understood the foregoing terms of the MOU, do by their respective signatures dated below agree to the terms thereof.

**Indiana Family and Social Services Administration  
Division of Family Resources**

By: Adrienne M. Shields  
Adrienne M. Shields, Director  
Date: 10/29/2015

**Indiana State Department of Health  
Certification of Funds:**

By: Joe Fistrovich  
Joe Fistrovich, CFO  
Date: 10/23/15

**Indiana State Department of Health  
Recommended & Approved By:**

By: Eric Miller  
Eric Miller, Chief of Staff  
Date: 10/28/15

**APPROVED:**

**State Budget Agency**

By: Brian E. Bailey (for)  
Brian E. Bailey, Director  
Date: 11-2-15

**ATTACHMENT DOCUMENT SUMMARY**  
**10/22/2015****ATTACHMENT:** A  
**AGREEMENT #:** 49-16-1P-1181  
**AGREEMENT TERM:** 10/01/2015-09/30/2017**VENDOR INFORMATION:**

**LEGAL NAME:** STATE OF INDIANA

**AGENCY D/B/A:** INDIANA STATE DEPARTMENT OF HEALTH

**MAILING ADDRESS:** 2 NORTH MERIDIAN ST.  
INDIANAPOLIS, IN 46204

**CONTACT NAME:** Rebecca Chauhan  
**EMAIL ADDRESS:** rchauhan1@isdh.in.gov

**TELEPHONE NUMBER:** (317) 233-7087

**FSSA CONTRACT CONTACT:** Stenger, Gregory B (317) 234-0564  
**EMAIL ADDRESS:** Gregory.Stenger@fssa.in.gov

**FID/SSN:** XX-XXX0158  
**PS Vendor ID:** 0000022460

**CHANGE NUMBER:** ORIG

**STATUTORY INFORMATION:**42 U.S.C. §601 et.seq  
IC 12-13**FINANCIAL SUMMARY:**

<b>CLAIM PROG ID</b>	<b>SERVICE CODE</b>	<b>PROGRAM</b>	<b>EFFECTIVE DATES</b>	<b>AWARD AMOUNT</b>
49-16-1P-1181-01	8056	TANF Family Pla	10/01/2015-06/30/2016	\$4,451,168.40
49-16-1P-1181-02	8056	TANF Family Pla	07/01/2016-06/30/2017	\$3,309,891.20
49-16-1P-1181-03	8056	TANF Family Pla	07/01/2017-09/30/2017	\$608,722.80
<b>TOTAL DOLLAR AMOUNT:</b>				<b>\$8,369,782.40</b>





**ATTACHMENT DOCUMENT DETAIL**  
**10/22/2015**

**ATTACHMENT:** A  
**AGREEMENT #:** 49-16-1P-1181  
**AGREEMENT TERM:** 10/01/2015-09/30/2017

<b>LEGAL NAME:</b>	STATE OF INDIANA	<b>PS VENDOR ID:</b>	0000022460
<b>CLAIM PROGRAM ID:</b>	49-16-1P-1181-01	<b>DUNS #:</b>	n/a
<b>PROGRAM TOTAL:</b>	4,451,168.40	<b>REGION:</b>	Statewide
<b>FUND DESCRIPTION:</b>	TANF Family Plan 2016	<b>CFDA NUMBER:</b>	93.558
<b>FEDERAL YEAR:</b>	2016	<b>STATE YEAR:</b>	2016
<b>EFFECTIVE DATES:</b>	10/01/2015-06/30/2016	<b>CLOSE OUT DATE:</b>	08/29/2016

<b>SERVICE INFORMATION:</b>	<b>8056 FAMILY PLANNING</b>				
<b>SERVICE EFF DATES:</b>	<b>10/1/2015-6/30/2016</b>				
<b>COMPONENT DESCRIPTION</b>	<b>COMPONENT DATES</b>	<b>UNITS</b>	<b>RATE</b>	<b>AWARD AMT</b>	
.ADM ADMINISTRATIVE COSTS	10/01/15-6/30/16	ACTUAL COST	1.0000	0.00	
.SUB SUBGRANTS	10/01/15-6/30/16	ACTUAL COST	1.0000	0.00	
.1 Real Alternatives	10/01/15-6/30/16	ACTUAL COST	1.0000	0.00	
<b>SERVICE TOTAL:</b>					4,451,168.40





**ATTACHMENT DOCUMENT DETAIL**  
**10/22/2015****ATTACHMENT:** A  
**AGREEMENT #:** 49-16-1P-1181  
**AGREEMENT TERM:** 10/01/2015-09/30/2017

<b>LEGAL NAME:</b>	STATE OF INDIANA	<b>PS VENDOR ID:</b>	0000022460
<b>CLAIM PROGRAM ID:</b>	49-16-1P-1181-02	<b>DUNS #:</b>	n/a
<b>PROGRAM TOTAL:</b>	3,309,891.20	<b>REGION:</b>	State Wide
<b>FUND DESCRIPTION:</b>	TANF Family Planning '17	<b>CFDA NUMBER:</b>	93.558
<b>FEDERAL YEAR:</b>	2016	<b>STATE YEAR:</b>	2017
<b>EFFECTIVE DATES:</b>	07/01/2016-06/30/2017	<b>CLOSE OUT DATE:</b>	08/29/2017

<b>SERVICE INFORMATION:</b>	<b>8056 FAMILY PLANNING</b>				
<b>SERVICE EFF DATES:</b>	<b>7/1/2016-6/30/2017</b>				
<b>COMPONENT DESCRIPTION</b>	<b>COMPONENT DATES</b>	<b>UNITS</b>	<b>RATE</b>	<b>AWARD AMT</b>	
.ADM ADMINISTRATIVE COSTS	7/01/16-6/30/17	ACTUAL COST	1.0000	0.00	
.SUB SUBGRANTS	7/01/16-6/30/17	ACTUAL COST	1.0000	0.00	
.1 Real Alternatives	7/01/16-9/30/16	ACTUAL COST	1.0000	0.00	
<b>SERVICE TOTAL:</b>					3,309,891.20





**ATTACHMENT DOCUMENT DETAIL**  
**10/22/2015**

**ATTACHMENT:** A  
**AGREEMENT #:** 49-16-1P-1181  
**AGREEMENT TERM:** 10/01/2015-09/30/2017

<b>LEGAL NAME:</b>	STATE OF INDIANA	<b>PS VENDOR ID:</b>	0000022460
<b>CLAIM PROGRAM ID:</b>	49-16-1P-1181-03	<b>DUNS #:</b>	n/a
<b>PROGRAM TOTAL:</b>	608,722.80	<b>REGION:</b>	Statewide
<b>FUND DESCRIPTION:</b>	TANF Family Planning '18	<b>CFDA NUMBER:</b>	93.558
<b>FEDERAL YEAR:</b>	2017	<b>STATE YEAR:</b>	2018
<b>EFFECTIVE DATES:</b>	07/01/2017-09/30/2017	<b>CLOSE OUT DATE:</b>	11/29/2017

<b>SERVICE INFORMATION:</b>	<b>8056 FAMILY PLANNING</b>				
<b>SERVICE EFF DATES:</b>	<b>7/1/2017-9/30/2017</b>				
<b>COMPONENT DESCRIPTION</b>	<b>COMPONENT DATES</b>	<b>UNITS</b>	<b>RATE</b>	<b>AWARD AMT</b>	
.ADM ADMINISTRATIVE COSTS	7/01/17-9/30/17	ACTUAL COST	1.0000	0.00	
.SUB SUBGRANTS	7/01/17-9/30/17	ACTUAL COST	1.0000	0.00	
<b>SERVICE TOTAL:</b>					608,722.80



**Attachment B – Scope of Work  
Indiana Family Health Council, Inc.  
Indiana Family Planning Administrator  
TANF Funds  
October 1, 2015 – September 30, 2017  
EDS# F1-6-49-16-1P-1181**

**Project Description**

The Indiana Family Health Council, Inc. (IFHC), hereinafter referred to as the Grantee will be managing TANF funds to provide family planning services to all women most in need throughout the State. As the recipient of all family planning funds (Titles V, XX, and TANF) IFHC will oversee the Indiana Family Planning Partnership. The Grantee will sub-award family planning funds to delegate agencies (also known as sub-grantees) throughout the state in counties identified to be in most need of services. The Grantee and all delegate agencies will be subject to IFHC Medial Standards, Title X Guidelines, Department of Health and Human Services (DHHS) financial rules and regulations, and Title V, Title XX, and TANF regulations.

Grant funding is contingent on grantee adherence to their FY 2016/2017 proposal as well as conditions set by ISDH.

**Monitoring and Technical Assistance**

- The Grantee will conduct annual clinical reviews with chart audits and/or site visits to provide technical assistance as deemed necessary by either the Grantee or the State. The Grantee will share results of each review with the State within sixty (60) days.
- The Grantee will provide an organized Quality Assurance Program, which will conduct at least nine (9) statewide studies annually. All family planning sub-grantees will be required to participate in the Quality Assurance Program. A copy of the reports submitted to the Grantee's Board of Directors will be submitted to the State within thirty (30) days of completion.

**Training**

- All family planning sub-grantees will be eligible to receive training through the Title X Regional Training Project. The Grantee will notify all funded family planning agencies of the trainings and set a reasonable attendance fee to make this training available to non-funded family planning agencies.

**Goals, Objectives, and Activities**

**Goal 1:** To continue to serve as the ISDH Maternal & Child Health's 2016-2017 Family Planning Administrator through the Indiana Family Planning Partnership (IFPP).

- **Objective 1.1:** By 11/1/15, IFHC will award sub-grants through a board reviewed "Request for Application" process for those Indiana counties identified with the highest need for reproductive health services.

- Activities: In the Fall of 2015, IFHC will update the family planning needs assessment for those counties most in-need, focusing on adolescents, women at risk for unintended pregnancy, reduction in infant mortality, families needing child spacing, and minority populations where racial disparities on reproductive health exist. The needs assessment will also address and rank the Indiana counties by need for family planning by the following indicators: those less than 100% of poverty, rate of teen births, and incidence of gonorrhea and Chlamydia. After delegate agencies have been selected, IFHC will notify local health departments for those counties served to inform them of available services statewide.
- Objective 1.2: From 10/1/15 through 9/30/17, IFHC will act as a liaison between the ISDH and all IFPP sub-grantees.
- Objective 1.3: From 10/1/15 through 9/30/17, IFHC will provide on-going technical assistance to IFPP sub-grantees for all grant-related activities utilizing all available family planning guidelines.
  - Activities: Each delegate agency will receive the most up-to-date professional training available through federal Title X training centers, the Indiana model reproductive health services clinic located in South Bend, and monthly through IFHC's professional program clinical consultant's on-site reviews, training, and written/electronic information.
- Objective 1.4: From 10/1/15 through 9/30/17, IFHC will monitor and report timely on the programmatic status of all IFPP sub-grantees.
  - Activities: IFHC will conduct routine clinic site reviews annually which will focus on both medical services and fiscal activity of each delegate agency.
- Objective 1.5: From 10/1/15 through 9/30/17, IFHC will provide fiscal oversight of all IFPP sub-grantees.
  - Activities: IFHC will conduct routine clinic site reviews annually which will focus on both medical services and fiscal activity of each delegate agency.

Goal 2: To increase the number of low-income clients receiving high-quality, comprehensive family planning services. IFHC and its delegate agencies will expand services through improved efficiency, increased capacity among the current delegate agencies, and concentrated outreach.

- Objective 2.1: From 10/1/15 through 9/30/17, IFHC will support sub-grantees to reduce the unmet need for family planning services in Indiana, as identified in Guttmacher Women in Need data. Low income clients will account for at least 72% of the total patient population.
  - Activities: Delegate agencies will conduct clinical, educational, and counseling services in accordance with IFHC medical standards. IFHC will monitor delegate agencies for compliance, provide direction, and provide or arrange for technical assistance to include four annual comprehensive reviews and eleven annual medical reviews. IFHC will also monitor delegate agencies for targeting low income patients.

- Objective 2.2: From 10/1/15 through 9/30/17, IFHC will continue to maintain a model family planning clinic to provide expert training and experience for new hire staff/existing staff within the IFPP sub-grantees to implement improved efficiency.
  - Activities: IFHC will evaluate performance and clinic efficiency annually at 4 low-performing clinics to develop baseline data. IFHC will conduct training sessions on 5 clinic efficiency issues for delegate agencies using materials, methods, and experience from the Indiana model clinic implementation. IFHC will assist delegate agencies in implementation of efficiency changes. IFHC will conduct evaluation performance of model clinic and clinic efficiency for one site of each of the delegate agencies trained during the grant period.

GOAL 3: To ensure access of all IFPP patients to a broad range of acceptable and effective family planning methods, and to ensure that method-specific training is available to all clinicians. IFHC will continue to inform its delegate agencies that abortion is not included as a method of birth control and will monitor for compliance.

- Activities: IFHC will ensure each delegate agency is surveyed at the beginning of the grant year. As new clinicians are hired, the agency will inform IFHC of training needs. Clinicians will be scheduled to receive training through the IFHC model clinic. IFHC and all delegate agencies will be audited annually and reviewed to ensure no abortion activities are being provided, promoted, or supported.

GOAL 4: To reduce pregnancies among adolescent females through a comprehensive program which offers confidential family planning services, involves parents, and equips young people to prevent sexual coercion.

- Objective 4.1: To increase the number of teens in high need areas who receive comprehensive family planning services through the IFPP by targeted marketing/outreach efforts.
  - Activities: IFHC will conduct a sub-grantee meeting to discuss involvement of adolescents in family planning clinics and identify changes needed. IFHC will implement changes needed to improve appeal to adolescents. IFHC will reinforce clinic staff's ability to identify sexual coercion and to follow Indiana's mandatory reporting laws through provision of refresher training on an annual basis. IFHC will continue to maintain and monitor IFHC's own sexual coercion reporting system.
- Objective 4.2: IFHC will encourage participation of families, parents, and/or legal guardians in decisions of minors to seek family planning services and pregnancy prevention through collaboration with IFHC, delegate agencies, and Indianapolis Public Schools to continue the federally-funded teen education for pregnancy prevention program.
  - Activities: IFHC will ensure sub-grantees utilize appropriate family involvement curriculum and strive to partner with local school systems. IFHC will coordinate training for delegate agencies to present programs for parents. IFHC will continue to convene the federally-funded Indianapolis Teen Education for Pregnancy Prevention (ITEPP) consortium that provides the use of evidence-based, age-appropriate, and medically accurate sexuality education and pregnancy prevention curricula for the Indianapolis Public Schools in three of their middle and high schools and all of their elementary schools.

GOAL 5: To increase awareness of the benefits of child spacing in high need areas of Indiana by partnering with other community-based health and social services agencies.

- Objective 5.1: IFHC will continue to implement a child spacing social marketing campaign in Indiana that will involve all sub-grantees of the IFPP.
  - Activities: IFHC will continue to ensure that delegate agencies utilize an Indiana-specific "Family Planning Resource" marketing campaign. All materials for use in this campaign were approved by IFHC's Information and Education Committee as culturally-competent and appropriate to use in local communities across Indiana.
- Objective 5.2: IFHC will continue to train all local family planning providers to utilize preconception/inter-conception counseling as part of the patient's reproductive life span (incorporating the new Center for Disease Control (CDC) family planning counseling model) that incorporates addressing the individual's health determinates within the life-course perspective.

#### Use of TANF grant funds

These grants funds will be used for portion of the "Delegate Agency" contracts; a percentage of the auditing, accounting services, and IT support; general office supplies such as stationery items (writing instruments, writing paper, and envelopes), copy paper, labels, file folders, binders, staples, calculator tapes, blank CD-ROMs, accessories, etc.; travel for four staff members for on-site monitoring-northern and southern areas that will require overnight stays which will require lodging and per diem; a percentage of rent & utilities; a percentage of telephone, duplication, and postage; a percentage of the business insurance, equipment repair, and ADP security system, as well as banking fees. A portion of the staff salaries and fringe listed below will also be paid out of these funds.

- RN, Nurse Practitioner - this position will perform on-site monitoring and provides technical assistance. The Nurse Practitioners routinely conduct clinical audits to ensure all family planning patients receive the most up-to-date reproductive health care that includes and addresses all determinants of health.
- RN, Nurse Practitioner – Program Consultant - this position will perform on-site monitoring and provides technical assistance. The Nurse Practitioners routinely conduct clinical audits to ensure all family planning patients receive the most up-to-date reproductive health care that includes and addresses all determinants of health.
- Director of Health Care Services – This position will direct the monitoring and technical assistance for delegate agency family planning projects and programs. The Director will work with the IFHC Medical Director and the Board Medical Committee to develop clinical guidelines and standards for the project. The Director will also supervise the clinical program consultants.
- President - this position is responsible for the overall direction and management of the project, will provide technical assistance, and collaborate with ISDH concerning formal review instruments.

- Director of Finance and Operations - this position will serve as project fiscal contact and is responsible for on-site administration and financial monitoring and provides technical assistance.
- Financial Accountant - this position provides accounting and reporting support.
- Staff Accountant - this position provides accounting, fringe benefits, and travel support.

**Additional Conditions:**

The Grantee agrees to abide by the following additional conditions:

1. Neither the Grantee nor any of its delegate agencies will have an affiliation with or provide services related to abortions.
2. Each client will be assigned a payment level category based on the participant's annual household gross income and size with regard for extenuating circumstances (e.g., substantial financial debt, extraordinary medical bills), in accordance with procedures established by the State, a copy of which is available upon request. Clients at 100% of the federal poverty level and below or clients eligible for Hoosier Healthwise (Medicaid) will not be charged for services. The Grantee shall be an approved Hoosier Healthwise (Medicaid) provider or shall have made application for Hoosier Healthwise (Medicaid) provider status prior to initiation of services.
3. Every effort shall be made to collect from third party payment sources, e.g., Medicaid (including Early Periodic Screening, Diagnosis, and Treatment), private insurance, or patient fees, the cost of diagnostic, preventive, and treatment services. These efforts include the requirement that all clients be screened for Hoosier Healthwise (Medicaid) eligibility upon enrollment.
4. Professional personnel, hospitals, and other individuals, agencies, or groups providing services authorized in the approved application and paid for by grant funds or by third parties shall agree not to make any charge to or except any payment from the patient (client) or his family for the same service.
5. Grant funds will be the last source of payment for in-center and out-of-center services.
6. Grant funds and income shall not be expended for:
  - a. Construction of buildings, building renovations;
  - b. Depreciation of existing buildings or equipment;
  - c. Contributions, gifts, donations;
  - d. Entertainment; food;
  - e. Automobile purchase;
  - f. Interest and other financial costs;
  - g. Costs for in-hospital patient care;
  - h. Fines and penalties;
  - i. Fees for health services;
  - j. Bad debts
  - k. Contingency funds;

- l. Executive expenses (e.g., car rental, car phone, entertainment);
  - m. Accounting expenses for government agencies;
  - n. Fund raising expenses;
  - o. Legal fees; and
  - p. Legislative lobbying.
  - q. Equipment
  - r. Out-of-state travel
  - s. Dues to societies, organizations, or federations
  - t. Incentives.
7. Grantee shall notify the state in writing any changes to staff, location, and services as stipulated in original grant application/proposal.
  8. Acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
  9. Any proposed changes in the target population served under this Grant Agreement or that any proposed changes in geographic location of service sites must be requested in writing, and that any approved changes be documented in a written response from the state.
  10. All current standards published by the state will be implemented by the Grantee; a copy of which is available upon request.
  11. Grantee agrees to keep Personnel Time and Activity Reports on all staff being paid partially or totally with grant funds and/or program income.
  12. Changes in the budget shall be requested in writing to and approved by a duly authorized representative of the State, prior to implementation.
  13. All income generated by grant funds shall be subject to the same requirements as the basic grant monies.
  14. Grantee will adopt and enforce a no smoking policy in project facilities at all times.
  15. Services provided shall:
    - a. include goal-oriented activities that serve to locate, facilitate access to, and to monitor the full range of family planning services available;
    - b. encourage cost-effective use of medical and community resources and promote the overall well-being of the individual and family;
    - c. emphasize cultural diversity and confidentiality;
    - d. be comprehensive and compassionate and provided in a safe, secure and non-judgmental environment.
    - e. This will be at no cost to the clients whose income is less than one hundred percent (100%) of the federal poverty guideline and on a sliding scale for clients with income up to two-hundred fifty percent (250%) of the federal poverty guideline. Documentation of



financial eligibility and U.S. citizenship shall not be required from clients seeking family planning services.

16. All Indiana Family Planning Partnership delegate agencies through IFHC will receive a portion of all funds: Titles V, X, XX and TANF.
17. The State and the Grantee will develop a common application process for all family planning providers to use to apply for funds through the Indiana Family Planning Partnership. The State will participate in the sub-granting process, including application design and applicant selection and allocation of funding.
18. A written annual performance report and quarterly reports shall be prepared and submitted by the Grantee in accordance with guidelines established by the State, a copy of which is available upon request. Continued TANF funding is contingent upon receipt of requested reports.

Quarterly reports shall be sent no later than thirty (30) days after the end of each federal fiscal quarter and will contain information specific to the use of the TANF funds in providing family planning services, including the number of individuals provided family planning services during the reporting period. The quarterly reports shall be sent to the project manager at ISDH and to:

Dave Smalley  
Family & Social Services Administration  
DFR – Room W392  
402 W. Washington St.  
Indianapolis, IN 46204  
*Or via email to:*  
David.Smalley@fssa.in.gov

An annual report shall be sent no later than thirty (30) days after the end of the federal fiscal year and will contain the number of pregnancies prevented. This report may also contain additional outcome indicators of interest. The annual report will be sent to the project manager at ISDH and:

Dave Smalley  
Family & Social Services Administration  
DFR – Room W392  
402 W. Washington St.  
Indianapolis, IN 46204  
*Or via email to:*  
David.Smalley@fssa.in.gov



Attachment C – Scope of Work  
Indiana Pregnancy and Parenting Support Services Program

*Program Background*

Pregnancy support centers, adoption agencies, maternity homes and social service agencies in Indiana reach out to support women in crisis pregnancies. This program brings resources to the existing pregnancy centers, adoption agencies, maternity homes, and social service agencies in Indiana so more women can be served.

*Program Objectives*

1. Assist pregnant women in Indiana to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
  - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
  - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
  - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors
  - d. Provide referrals to other available community services to support pregnant women who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
  - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Indiana parents to establish positive parenting practices through provision of parenting support services.
  - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
  - b. Provide parenting support utilizing trained counselors
3. Assist women in Indiana who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.
  - a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
  - b. Provide services to women in this category utilizing trained counselors
4. Serve approximately 17,000 women and parents of infants at approximately 34,000 visits.
5. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:

- a. Referrals for prenatal and pediatric care.
  - b. Referrals for medical care.
  - c. Referrals for social services organizations and support services such as:  
WIC, or other nutrition programs; local health department; adoption agencies; child care;  
financial support; housing; education for improving skills or obtaining a GED; job service and  
vocational training programs; or transportation services as needed.
6. Assure that program vendor Service Providers:
- a. Understand that the funding for pregnancy and parenting support services under this program  
does not include funding for any Medicaid allowable service(s).
  - b. Are nondiscriminatory
  - c. Agree not to promote the teaching or philosophy of any religion or religious organization while  
providing program services to the client
  - d. Provide abstinence education as the best and only method of avoiding unplanned pregnancies  
and sexually transmitted infections
  - e. Agree to serve all eligible clients, including those with Limited English Proficiency
  - f. Maintain client confidentiality
  - g. Will submit their counselor training materials, and policies and procedures manual for review
  - h. Do not charge a fee for services to eligible clients.
  - i. Provide accessible services.
7. Assure Service Provider compliance with program policies and objectives, including:
- a. Assure accurate record-keeping of client services rendered
  - b. ISDH will develop a process to differentiate expenditures for Family Planning from Real  
Alternatives in People Soft system
  - c. Assure accurate submission of billing forms on a monthly basis
  - d. Assure all services are provided in a respectful and non-judgmental manner
    - i. Assure all services are provided to eligible clients with limited English, hearing or visual  
capabilities.
    - ii. Assure all services are provided with appropriate cultural sensitivities.
  - e. Assure financial accountability through program site monitoring.
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted by  
45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total  
accounting of the following activities of the Service Providers:
- a. Monitoring activities completed;
  - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
  - c. Technical assistance provided;
  - d. Follow-up on site monitoring findings for Service Providers;
  - e. Direct service activities such as information/services provided or referrals made;
  - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the  
Work Plan, and any other significant projects or activities;
  - g. The number of pregnant women, non-pregnant women and parenting women served (separate  
reports for each of these three client types), by their county of residence, and their age reported  
by the following age groups:

1. Less than 16 years old;
  2. 16 years old through 20 years old;
  3. 21 years old through 25 years old;
  4. 26 years old through 30 years old;
  5. 31 years old through 35 years old;
  6. 36 years old through 40 years old;
  7. 41 years old through 45 years old;
  8. 46 years old and older.
- h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
  - i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
  - j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
    1. Hotline calls from Indiana and number of subsequent referrals to Service Providers
    2. Public Information activities in Indiana
  - k. Report number of Service Provider referrals by type:
    1. Prenatal care providers
    2. Pediatric care providers
  - l. Report of client outcomes
    1. Number of clients indicating they are choosing childbirth
    2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
    3. Number of clients who have taken their child to a pediatric appointment.
    4. Number of clients with infants up to date in immunizations.
    5. Number of clients who felt supported at the end of their counseling session.

*Additional Conditions*

ISDH agrees to abide by the following additional conditions as part of this MOU:

1. That acceptance of any services offered under the ISDH grant agreement with Real Alternatives shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
2. That any proposed changes in the target population served under the Grant Agreement or that any proposed geographic location of service sites must be requested in writing and that any approved changes be documented in a written response from ISDH.
3. Real Alternatives (ISDH Grantee) agrees to keep Personnel Time and Activity Reports on all staff being paid partially or totally with grant funds and/or program income.
4. That any changes in the budget shall be requested in writing to and approved by a duly authorized representative of ISDH, prior to implementation.
5. That continued funding from TANF is contingent upon providing quarterly progress reports as specified by DFR.
6. Upon receiving quarterly progress reports, DFR has the authority to conduct site visits at project facilities, which will include chart audits of at least 10 client files.

